

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000243 (4)

1. Corporation Name  
**WRAG-TIME AIR FREIGHT, INC.**

Principal Place of Business

10913 NW 30 ST  
SUITE 100  
MIAMI FL 33172  
US

Mailing Address

WRAG-TIME TRANSPORTATION, INC.  
304 NEWTON AVENUE  
OAKLYN NJ 08107  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/17/1995**

4. FEI Number  
**11-2556546**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 **7060 NW 52nd Street**

Suite, Apt. #, etc.  
22 **2nd Floor**

City & State  
23 **Miami, FL**

Zip Country  
24 **33166** 25 **U.S.A.**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country  
29 **33166** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**REESE, WILLIAM G III**  
**10913 NW 30 ST**  
**SUITE 100**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name  
**Barry Freeman**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7060 NW 52nd Street**

83 **2nd Floor**

84 City Zip Code  
**Miami FL 33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Barry Freeman**

*Barry Freeman*

**2/6/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P EMRICK, LEONARD C**  
STREET ADDRESS **304 NEWTON AVENUE**  
CITY-ST-ZIP **OAKLYN NJ**

TITLE ☐ DELETE  
NAME **S WELEY, WILLIAM**  
STREET ADDRESS **304 NEWTON AVENUE**  
CITY-ST-ZIP **OAKLYN NJ**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the receiver of this report is duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*William Weiley*

**William Weiley**  
Secretary

2/5/98

609 854 8450

CR2E034 (10/97)